

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

0290.BF

In the matter of the application of:
Serial No.:
Filed:
Title:
Examiner:
Art Unit:

Andrew H. Soll, et al.
09/289,044
April 9, 1999
Patient Assessment System
2784



Hon. Commissioner of
Patents and Trademarks
Washington, DC 20231

**Request for Refund of Excess
Amount of Previously - Submitted
Filing Fee Pursuant to 37 C.F.R. § 1.26**

Sir:

Pursuant to 37 C.F.R. § 1.26, Applicants hereby request
refund of the excess filing fee previously submitted on April 9,
1999. Applicants submitted the large-entity filing fee of
\$760.00 when, in fact, Applicant qualify for the small entity
filing fee of \$380.00. A Verified Statement Claiming Small
Entity Status accompanies this request.

Please address all correspondence to:

Steven R. Bartholomew, Esq.
Hopgood, Calimafde, Kalil
& Judlowe, LLP
60 East 42nd Street
New York, New York 10165

Dated: May 26, 1999

Respectfully Submitted,

Steven R. Bartholomew

Adjustment date: 02/10/2000 MEASON
04/21/1999 SDAVIS 00000067 09289044
01 FC:101 -760.00 OP

02/10/2000 MEASON 00000001 082776 09289044
01 FC:201 380.00 CH

Repln. Ref: 02/10/2000 MEASON 0000585400
DHH:082776 Name/Number: 09289044 \$760.00 CR
FC: 704

RECEIPT ACCOUNTING
DIVISION

1999 JUN -3 AM 10:28

#484

DEP 5 REF

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>1/25/01</u>		2 Serial/Patent # <u>09/289,044</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/>	Filing	<u>5/20/99</u>	<u>4</u>	\$ <u>380</u>							
<input checked="" type="checkbox"/>	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND								
			\$ <u>380</u>								
10 REASON:		8 TO BE REFUNDED BY:									
<input checked="" type="checkbox"/>	Overpayment	Treasury Check									
<input checked="" type="checkbox"/>	Duplicate Payment	Credit Deposit A/C #:									
	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">8</td><td style="width: 20px; text-align: center;">--</td><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">7</td><td style="width: 20px; text-align: center;">7</td><td style="width: 20px; text-align: center;">6</td></tr></table>			0	8	--	2	7	7	6
0	8	--	2	7	7	6					
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>[Signature]</u>		TITLE: <u>SLE</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: <u>86907</u>									
OFFICE: <u>Took 270</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____		DATE: _____									

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